

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2114

BIRTH NO. _____		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 4410		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Mo.		c. LENGTH OF STAY (In this place) 20 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Mo.		d. STREET ADDRESS (If rural, give location) St. James, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home residence							
3. NAME OF DECEASED (Type or Print) a. (First) Newton		b. (Middle) W.		c. (Last) Satterfield		4. DATE OF DEATH (Month) (Day) (Year) 1 - 20 - 51	
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 15, 1866		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Satterfield		13b. MOTHER'S MAIDEN NAME Rachel Blevins		14. NAME OF HUSBAND OR WIFE Mollie Satterfield			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Marie Bilès ADDRESS St. James, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension several years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from I-20, 1951, to I-20, 1951, that I last saw the deceased alive on January 20, 1951, and that death occurred at 5:55 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Alexander, M. S. O		23b. ADDRESS St. James, Mo		23c. DATE SIGNED I-22-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-22-51		24c. NAME OF CEMETERY OR CREMATORY Highgate Mo		24d. LOCATION (City, town, or county) (State) Highgate MO	
DATE REC'D BY LOCAL REG. Feb. 1-1951		REGISTRAR'S SIGNATURE Cora C. Birmingham		25. FUNERAL DIRECTOR'S SIGNATURE E. E. Licklider ADDRESS St. James, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 2/6/51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

JAKE NELSON

working under my personal supervision.

Signed Jake Nelson
Student Embalmer

Student Embalmer No. 386
Signed Orel E. Leckie

Licensed Embalmer No. 3946

P. O. Address St James Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.